

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 DEC -1 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09052008 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000009646 1. Entity Name C&W ENTERPRISES OF JACKSONVILLE, INC.			
Principal Place of Business 5363 TESSA TERRACE JACKSONVILLE, FL 32244		Mailing Address 5363 TESSA TERRACE JACKSONVILLE, FL 32244	
2. Principal Place of Business - No P.O. Box # 830 Arlington Rd Suite, Apt. #, etc. #127		3. Mailing Address P.O. Box 440502 Suite, Apt. #, etc. Jacksonville	
City & State Jacksonville, FL Zip 32211		City & State Jacksonville, FL Zip 32222	
Country USA		Country USA	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, CLARA W 5363 TESSA TERRACE JACKSONVILLE, FL 32244		7. Name and Address of New Registered Agent Name CLARA W WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 830 Arlington Rd + #127 City Jacksonville FL Zip Code 32222	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Clara W Williams</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10/26/08</u>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILLIAMS, CLARA W 5363 TESSA TERRACE JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, SONYA LEE P.O. BOX 24556 COLUMBIA, SC 29224	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, SAMANTHA 1036 WESTDALE DRIVE JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Clara W Williams</u>		Date <u>10/26/08</u> Daytime Phone # <u>904-520-9216</u>	